

# U.S. Department of Veterans Affairs' (VA) Calendar Year (CY) 2023 Veteran Homelessness National Goals Office Hours

VHA Homeless Programs Office  
October 5, 2023

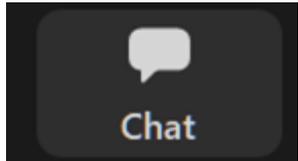
# Housekeeping

- This call will be recorded.
- The webinar will last approximately 60 minutes.
- All attendees will be muted.
- Questions can be submitted using the Chat function.
- If you have questions following the call, please email [VHA11HPO38kGoalSupport@va.gov](mailto:VHA11HPO38kGoalSupport@va.gov).

# Zoom Controls

Typically, on the bottom of the screen

**All participants are muted upon entry**



Chat – add questions or comments during the call.

# Agenda

- Progress Update
- Using HOMES Assessments to Connect Veterans to Resources
- Q&A



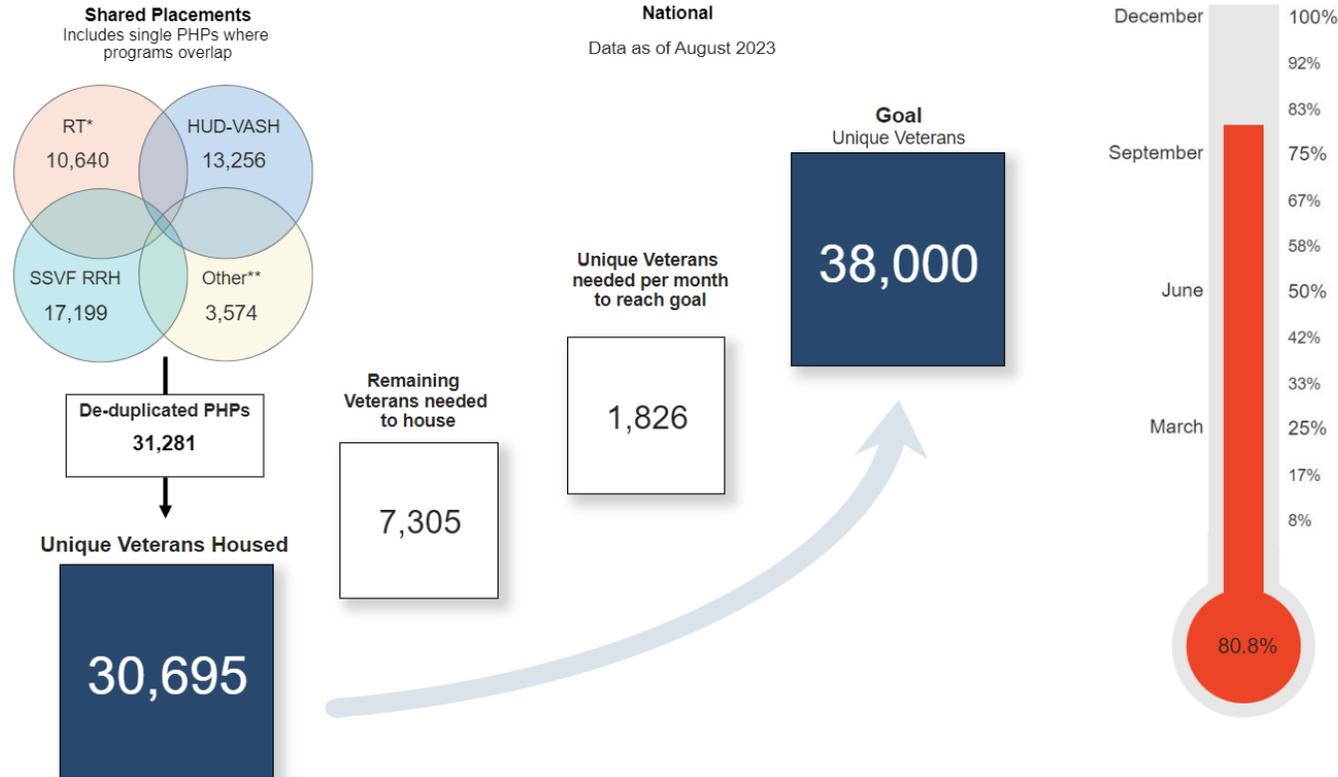
# Progress Update



# Goal 1: Permanent Housing

## Goal 1: Permanent Housing

**Permanent Housing:** VA has made a commitment to permanently house (PH) at least 38,000 unique Veterans in CY 2023. De-duplicated permanent housing placements (PHPs) for unique Veterans made during CY 2023 from the following programs count toward this goal: Grant and Per Diem (GPD), Health Care for Homeless Veterans (HCHV) Contracted Residential Services (CRS), HCHV Low Demand Safe Haven (LDSH), Housing and Urban Development-VA Supportive Housing (HUD-VASH), and Supportive Services for Veteran Families (SSVF) – Rapid Re-Housing (RRH) homeless services who obtain permanent housing (PH), Mental Health Residential Rehabilitation Treatment (MHRRT), HCHV Case Management (CM), and for Veterans homeless at entry for the following programs: GPD CM, SSVF – Homelessness Prevention (HP), Veterans Justice Outreach (VJO), and Health Care for Reentry Veterans (HCRV).



\* RT Programs: GPD and HCHV CRS/LDSH  
 \*\* Other: MH RRTP, GPD CM, HCHV CM, Homeless VJP, and SSVF HP  
 \*\*\* Nationally, Unique Veterans Housed represents all unique Veterans across facilities

[Veteran Detail](#)  
 Veteran level access is limited to HOMES users.

# Goal 2: Prevention of Returns to Homelessness

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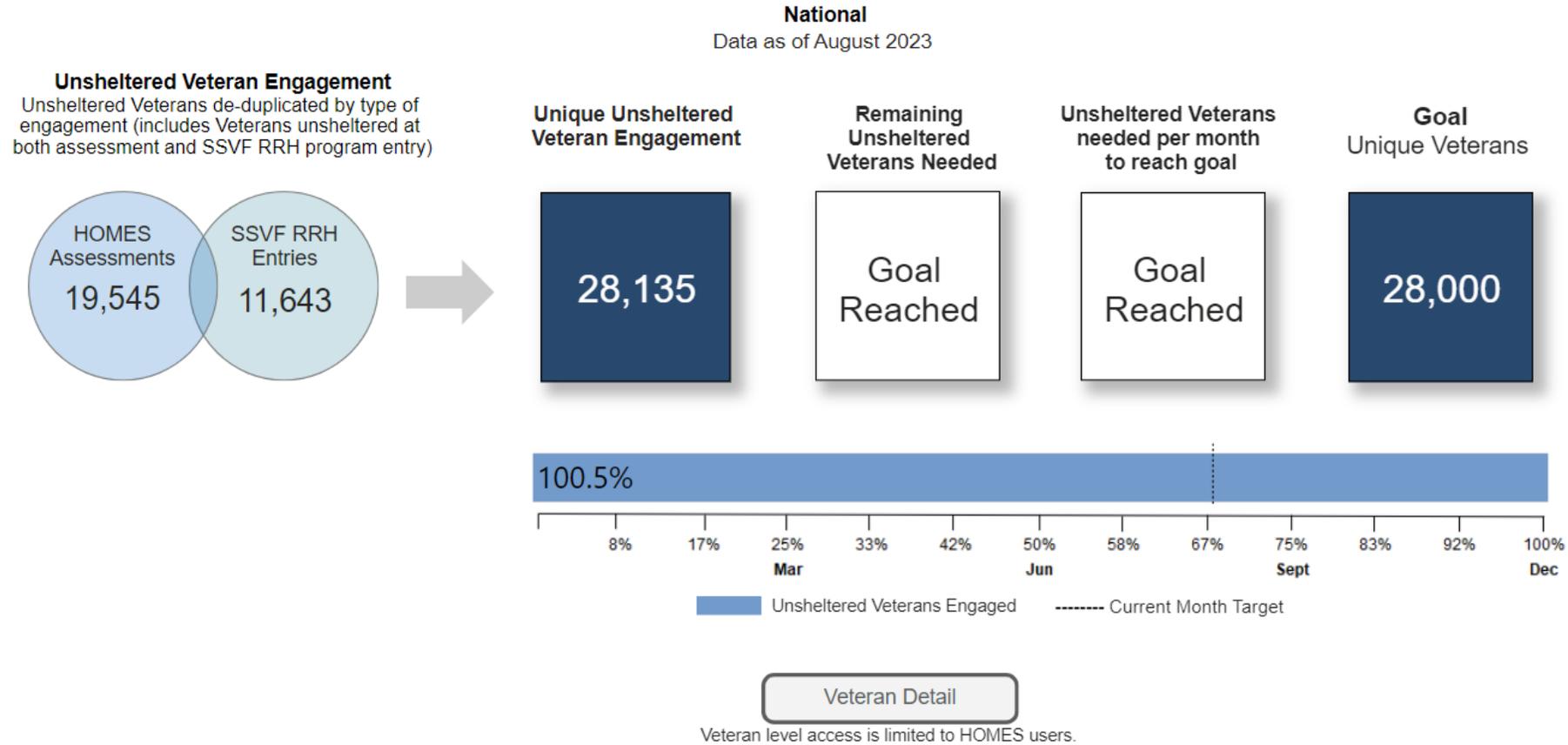
**Prevention of Returns to Homelessness:** For Veterans who become permanently housed in CY 2023, no more than 5% return to homelessness. Of those who return to homelessness in CY 2023, no less than 90% will be re-housed or placed on a pathway to re-housing in CY 2023.



# Goal 3: Engagement with Unsheltered Veterans

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**Engagement with Unsheltered Veterans:** Nationally, VA will increase outreach to and engage with no less than 28,000 unique unsheltered Veterans



# Using HOMES Assessments to Connect Veterans to Resources



# Introductory Concepts: What is HOMES?

The Homeless Operations, Management, and Evaluation System (HOMES) is VA's primary platform for collecting intake, progress, and outcome information for homeless Veterans as they move through VA's system of care.

# Introductory Concepts: What is a HOMES Episode?

- A **HOMES episode** documents a Veteran's engagement in VA's Homeless Programs and begins upon submission of a full Assessment form.
- An assessment interview captures the Veteran's needs and status at the beginning of the HOMES episode.
- The HOMES episode remains open:
  - For 30 days after the full Assessment Form is submitted if no program entries are documented;
  - While Veteran is engaged in a homeless program; and
  - For 30 days after the last program exit date if no additional referrals are documented.
- When a HOMES episode is closed, a new Assessment must be completed to re-engage the Veteran in services.

# Introductory Concepts: What are HOMES Assessments?

- The HOMES Assessment is an intake interview conducted with a homeless Veteran at the point of outreach or program engagement.
- It consists of two parts:
  - **Pre-Engagement:** A brief assessment of a Veteran's needs usually conducted if the Veteran cannot complete a Full Assessment interview or is not interested in participating in any programs. The Pre-Engagement Screening is also completed when a VA clinician has a very brief encounter with a homeless Veteran in a community setting in which a full Assessment is not feasible (e.g., soup kitchen, shelter, or Stand Down).
    - **NOTE:** The HOMES episode remains **closed** if only the Pre-engagement section of the Assessment is completed.
  - **Assessment:** documents an interview with a homeless or at-risk of homelessness Veteran to **determine the best course of action for program referrals and integration of services**. It is conducted in a semi-structured interview format to collect the Veteran's demographic information and data on military history, living situation, employment, financial status, and clinical status. It also contains a clinical impressions section, in which the interviewer notes their treatment concerns and recommendations.



# Considerations: The Big Picture

- HOMES Assessments should be:
  - **Intentional:** Completed to help determine the best course of action for program referrals and integration of services.
  - **Accurate:** Documented with information that is correct and true at the point of initial engagement in services.
  - **Productive:** Used to make program referrals to address housing or other treatment needs.

**The primary goal is to prevent Veterans from becoming homeless or rehousing them when they are homeless.**

# Considerations: Program Referrals

- In addition to identifying the need for housing resources, HOMES Assessments can be used to identify:
  - Key indicators for prioritization like chronicity, vulnerability, or being unsheltered.
  - Need and interest in employment or obtaining additional income through mainstream or disability benefits.
  - Need for and interest in substance use, mental health, or medical treatment.
  - Need for credit counseling and repair services.
  - Need for dental care.
  - Need for smoking cessation care.
  - Need for childcare or other family resources.
  - Need for services to address intimate partner violence or human trafficking.

# Considerations: Stand Downs

- Be thoughtful when completing assessments at events such as Stand Down or resource fairs to ensure:
  - Only complete a full assessment when indicated. Assessments should accurately identify those experiencing homelessness or at-risk of homelessness and are not done with housed attendees as a means to capture attendance or registration.
  - Appropriate referrals are still made, and programs strive for same-day enrollment.
  - Consider completing a pre-engagement assessment only when this may be warranted.
- Ensure timely housing and service referrals follow the initial assessment without delay or reliance on program availability. For example, if you are referring to Grant and Per Diem (GPD), document this versus deferring to the GPD liaison to enter the referral when screened.

# Pulse Check 1: How are Assessments Completed?

- Convene a meeting with all local homeless programs staff to review the HOMES assessment purpose, function, and protocol.
- Consider discussing:
  - When are assessments completed?
  - How many assessments are completed each month?
  - If there are times when we meet with homeless or at-risk of homelessness Veterans but don't complete assessments?
  - If there are times when we complete assessments on Veterans who are neither homeless nor at risk of homelessness?
  - If there are times when we complete assessments but don't make referrals?
  - How does this information get communicated to your community's coordinated entry system and by-name list?

# Pulse Check 2: Timely Referrals and Admissions

- Convene a meeting with GPD Liaisons, Health Care for Homeless Veterans Contracted Residential Services and HUD-VASH intake staff to review and improve timelines.
- Consider discussing:
  - How long does it usually take for a Veteran to enter the program from the date of assessment? From the date of referral?
  - How many referrals do you receive each month? How many Veterans do you enter each month?
  - Are there steps that can be streamlined so that Veterans enter sooner?
  - Are there times when Veterans aren't referred at all, even when indicated for your program?
  - How does this information get communicated to your community's coordinated entry system and by-name list?
- Use the [HOMES Operational Report 1: Pending Referral Report](#) and [HOMES Operational Report 5: Expired Referral Report](#) to help identify trends.

# Pulse Check 3: Non-Housing Referral Opportunities

- Convene a meeting with homeless program staff (e.g., employment specialists, Homeless Patient Aligned Care Team, health care navigators, and substance use disorder specialists) who don't directly provide housing to identify ways to support Veterans with non-housing needs.
- Consider discussing ways to consistently and proactively identify Veterans in need of additional services based on assessments completed.
- Consider regularly reviewing [HOMES Operational Report 6: Assessments & Pre-Engagements](#) and [HOMES Operational Report 11: Income Status](#) to identify new Veterans.

# Recommendations for Future Action

- Periodically review HOMES Assessment processes with your teams to ensure that assessments are intentional, accurate, and productive.
  - [HOMES Operational Report 6: Assessments & Pre-Engagements](#) can provide visibility into assessment trends.
  - The CY 2023 Dashboard's [Insights Tab](#) also provides visibility into Veterans awaiting housing.



# Q&A and Next Steps



# Wrapping Up

- The recording of this call will be posted to the [VHA Homeless Programs Hub](#) in the coming days and [VA.gov/Homeless](#).
- Join our Office Hours calls on the first Thursdays of the month at 3:00 p.m. Eastern / 2:00 p.m. Central / 11:00 p.m. Mountain / 12:00 p.m. Pacific / 9:00 a.m. Hawaii.
  - **Our next call will be on Thursday, November 2, 2023.**
  - For questions, please email [VHA11HPO38kGoalSupport@va.gov](mailto:VHA11HPO38kGoalSupport@va.gov).

*“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.” – Margaret Mead*